

STUDENT ENROLLMENT PACKET

ABC Chesapeake Apprentice Training Program



Chesapeake Chapter

ALL DOCUMENTS MUST HAVE ORIGINAL SIGNATURES AND MUST BE FORWARDED TO THE ABC OFFICE WITHIN TWO WEEKS OF SIGNATURE DATES

The documents below must be submitted for each **NEW** student being registered. Incomplete document packets will be returned to you unprocessed and will delay the registration into the program.

Check box Prospective students must submit the following:

- Registration fee of \$25.00 per student
- Completed ABC Application
- MD Agreement
- NCCER Registration and Release Form
- 2 Personal References
- Proof of Age (submit a copy of 1 of the following documents)
 - Valid Driver's License
 - Valid Non-Driver's ID
 - Birth Certificate
 - Passport
- Employer Educational Contact Information Form
- Employer Acceptance Agreement
- Copy of High School Certificate, GED Certificate, or School Transcripts
- If Applicable - Proof of Veteran status

NOTE: If you are transferring from another program please submit a copy of your transcript including certificates of completion, grades, attendance and on-the-job training hours along with the above documents and forms.

**Please mail to:
ABC Chesapeake
100 West Street, Annapolis, MD 21401**

If you need additional information about our program, please contact
Angelica Hicks, Director of Education & Events
ahicks@abc-chesapeake.org or call 410.267.0347

Veteran Status Non-Veteran Vietnam Era Veteran Veteran
If Apprentice is less than 18 years old, parent or guardian information & signature required.

Name _____ Phone _____

Address _____

Signature _____

Statistical Information

This information is needed for completion of the state required DLLR Apprenticeship Agreement.

Sex Male Female Education Level: 8th Grade or Less 9th Grade or More
12th Grade or More

Race/ Ethnic Group:

Asian African American Hispanic Native American Caucasian Other

Applicant I certify that the above information is correct and complete to the best of my knowledge. I have received the apprenticeship brochure/standards and understand my responsibilities as an apprentice.

Apprentice Signature _____ Date _____

THIS APPLICATION WILL ONLY BE PROCESSED ONCE ALL RELATED DOCUMENTATION IS RECEIVED

All applications must be accompanied with a non-refundable \$25.00 application fee.

Company check or money order made payable to ABC Chesapeake

Send application materials & requirements to:

ABC Chesapeake

100 West Street, Annapolis, MD 21401

NCCER REGISTRATION AND RELEASE FORM

Please print all of the following information:

SOC. SEC. #: _____ / _____ / _____

NAME:

(First Name)

(Middle Initial)

(Last Name)

ADDRESS:

(Mailing Address)

(City)

(State)

(Zip Code)

HOME PHONE NUMBER:

(Area Code)

(Phone Number)

EMPLOYER:

(Write in name of company that pays you.)

JOB SITE:

(Write in plant / location you are working in.)

OCCUPATION/JOB CLASSIFICATION:

AUTHORIZATION & RELEASE

I, the undersigned, do hereby authorize Associated Builders and Contractors Chesapeake Chapter to release the information and results attained through the administering of the National Craft Assessment and Certification Program to the company referenced above, and acknowledge that said company is my present employer. I, also, do hereby release Associated Builders and Contractors Chesapeake Chapter, its representatives and its associating entities from any and all liability that may result from the release of this information. I further agree to hold harmless the Associated Builders and Contractors Chesapeake Chapter, its representatives and associating entities from any and all damages for liability therefore which may result from the release of said information.

(Signature of Apprentice / Craft Trainee)

(Date)

(Signature of Witness/Proctor)

(Date)

CRAFT TRAINING PROGRAM– PROFESSIONAL REFERENCE

Applicant Name:

The above applicant is applying for admission to the ABC Chesapeake Apprenticeship Training Program. As a requirement, each candidate must provide two letters of reference. Please supply the requested information and comment on the applicant's character, attitude and why he or she would be a successful craft training student. Thank you for your cooperation.

PLEASE PRINT

Your Name:

Address:

Street

City

State

Zip Code

Phone Number: _____

I have known the applicant for approximately _____ years as a:

Employee Friend Co-worker Other:

Comments:

Signature: _____ Date: _____



Chesapeake Chapter

ABC Chesapeake
100 West Street, Annapolis, MD 21401
Phone: 410.267.0347 Fax: 410.263.2510

CRAFT TRAINING PROGRAM– PERSONAL REFERENCE

Applicant Name:

The above applicant is applying for admission to the ABC Chesapeake Apprenticeship Training Program. As a requirement, each candidate must provide two letters of reference. Please supply the requested information and comment on the applicant's character, attitude and why he or she would be a successful craft training student. Thank you for your cooperation.

PLEASE PRINT

Your Name: _____

Address:

Street

City

State

Zip Code

Phone Number: _____

I have known the applicant for approximately _____ years as a:

Employee Friend Co-worker Other:

Comments:

Signature: _____ Date: _____



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